



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

2006-2007

GIC Benefit Decision Guide

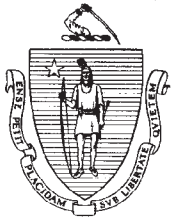
for Retirees & Survivors

For Changes Effective
July 1, 2006

NON-MEDICARE SELECT & SAVE
BENEFITS EXPANDED!

Weigh your options carefully.





MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

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Spring 2006

Dear Friends:

These days health care is at the top of local, state and national agendas. From trying to find ways to cover the uninsured to implementing the new Medicare prescription drug benefits, there is a great deal of attention on health care issues in my Administration and across Massachusetts.

The Group Insurance Commission (GIC) has worked tirelessly to manage the affordability, quality and cost of health care in creative new ways, in order to continue to offer Commonwealth employees, retirees and their families quality care at reasonable prices. This year's health plan choices emphasize your active participation in selecting a plan that fits your needs. To that end, the GIC has provided valuable information to help you select high-quality providers, hospitals and physicians who have demonstrated the prudent use of expensive resources. The health plans described in this **2006-2007 Benefit Decision Guide** represent another step forward in the GIC's efforts to inform you about how to choose your health care.

I urge you to read the materials carefully, choose carefully, and make the best selections for you and your family. The only way the GIC can continue to succeed in providing comprehensive benefits at a reasonable cost is if you become a more active participant, spending health care dollars wisely and becoming an informed health care consumer.

Sincerely,

A handwritten signature of Mitt Romney in dark ink, written in a cursive style.

Mitt Romney

How to Use This Guide

All enrollees should read:

Your responsibility as an enrollee.	2
Changing how we choose and use health care	3
Non-Medicare Select & Save co-pay tiering changes.	3
Benefit changes effective July 1, 2006.	4
Medicare Part D prescription drug reminders and warnings	5
Medicare health plan rates effective July 1, 2006	6
Non-Medicare health plan rates effective July 1, 2006	7
Dental and life insurance rates effective July 1, 2006	8
RMT life insurance rates effective July 1, 2006. .	9
RMT health plan rates effective July 1, 2006	10

Options during annual enrollment:

Annual enrollment overview	11
How to choose a health plan.	12

Find out about your Medicare health plan options:

Prescription drug benefits – all GIC plans ...	13
Is the Medicare health plan available in your area?	14
Medicare and your GIC benefits	15
Benefits-at-a-glance: Medicare plans	16
Benefits-at-a-glance: Commonwealth Indemnity Plan Medicare Extension (OME) mental health-substance abuse	18
Commonwealth Indemnity Plan Medicare Extension (OME) prescription drug benefits	19



This symbol indicates a Non-Medicare Select & Save Plan

Find out about your Non-Medicare health plan options:

Prescription drug benefits – all GIC plans ...	13
Benefits-at-a-glance: Commonwealth Indemnity plans' and Tufts Navigator's mental health-substance abuse	18
Commonwealth Indemnity plans' prescription drug benefits	19
Is the Non-Medicare health plan available in your area?	20
Benefits-at-a-glance: Non-Medicare Commonwealth Indemnity Plan and Community Choice.	21
Benefits-at-a-glance: Non-Medicare Select & Save plans' in-network benefits	22
Benefits-at-a-glance: Non-Medicare PPO-type plans	24
Benefits-at-a-glance: Non-Medicare HMOs ..	26

Find out about other benefit options:

Life Insurance	28
Accidental Death and Dismemberment	28
Beneficiary Assist	28
GIC Retiree Dental Plan.	29
GIC Retiree Vision Discount Plan	29
Health Insurance Buy-Out Option.	29

Resources for additional information:

Need More Help?	30
Attend a health fair.	30
Inscripción Anual	30
年度登記	30
Ghi Danh Hàng Năm	30
Audiotape for visually impaired	30
Website	30
Health fair schedule	31
GIC Plan contact information	32
Glossary	33



Pay special attention to the sections throughout this guide

*The Benefit Decision Guide is not a benefit handbook.
It is an overview of GIC benefits and should be used as a guide.*

**Annual Enrollment Forms are due to the GIC by May 17, 2006
Changes go into effect July 1, 2006**



GIC Enrollees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please write to the GIC if any of the following changes occur:

- Marriage
- Legal separation
- Divorce
- Address change
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning age 19
- Marriage of a covered dependent
- Student dependent 19 and over graduating, withdrawing from school, and changing from full-time to part time status
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- Birth or adoption of a child
- Legal guardianship of a child

You may have personal financial responsibility associated with the lack of timely notification.



GIC Q&A

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC. See the Medicare section of this guide for your health plan options.

Most enrollees should not sign up for Medicare Part D. See page 5 for more information.

Q *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

A Your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See the under/over age 65 section on page 15 for health plan combination options.

Q *If I die, is my surviving spouse eligible for GIC health insurance?*

A If you (the state retiree) have coverage through the GIC at the time of your death and if you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic

Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care's cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC's CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Non-Medicare Select & Save plans and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

Non-Medicare Select & Save Plan Changes This Year

This year, we are expanding our Non-Medicare programs to include more information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks.

An overview of each Non-Medicare Select & Save plan follows. The new Select & Save benefits-at-a-glance chart on pages 22-23 helps you compare co-pay tiers by plan. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.

Non-Medicare Select & Save Co-Pay Tiering Changes



See pages 4-5 for other benefit changes.

Commonwealth Indemnity Plan Community Choice

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Commonwealth Indemnity Plan PLUS

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Fallon Community Health Plan Select Care

Fallon Community Health Plan is establishing a two-tier Primary Care Physician (PCP) network for the Select Care plan. Members who seek care from preferred tier PCPs (called Value Plus) will pay a lower co-pay than members seeking care from a non-preferred tier PCP (called Value). Additionally, the tier of your PCP will affect co-payments for other services as listed below.

- Primary care physician visit co-pay: \$15 Value Plus, \$20 Value
- Pediatric wellness visit co-pay: \$5 Value Plus, \$10 Value
- Specialist visit co-pay: \$20 Value Plus, \$25 Value
- Outpatient surgery co-pay (maximum 4 per year): \$100 Value Plus, \$125 Value
- Inpatient hospital care co-pay (maximum 4 per year): \$250 Value Plus, \$300 Value

Harvard Pilgrim Health Care

This Point of Service (POS) plan will change to a Preferred Provider (PPO) plan, which does not require selection of a primary care physician (PCP) or referrals to see a specialist. *If you are a current member of the Harvard Pilgrim Health Care POS Plan, you will automatically be enrolled in this new plan unless you make a change during annual enrollment.*

The new plan, called the Harvard Pilgrim Independence Plan, will institute a two-tier network for five physician specialties. These specialists will be tiered based on the cost effectiveness of their

Benefit Changes Effective July 1, 2006

Harvard Pilgrim Independence Plan (*continued*)

practices. Members seeing a preferred specialist will pay a lower co-pay than for non-preferred specialists and other specialists who are not subject to tiering.

- Specialist visit co-pay (Dermatology, Orthopedics, Gastroenterology, General Surgery, and Cardiology): \$15 tier 1, \$25 tier 2
- Specialist visit co-pay (all other specialties): \$25

Health New England

Health New England will implement a three-tier Primary Care Physician (PCP) network. Family Practice/Internal Medicine and Pediatricians will be tiered based on the cost effectiveness of their practice.

- Primary care physician and pediatric office visit co-pay: \$10 tier 1, \$15 tier 2, \$25 tier 3

Navigator by Tufts Health Plan

Tufts Health Plan will institute a two-tiered network for surgical specialists. Members will pay a lower co-pay for using a surgical specialist whose primary affiliation is with a tier 1 hospital. Members will pay a higher co-pay for surgical specialists whose primary affiliation is with a tier 2 or tier 3 hospital and for other specialists who are not subject to tiering.

- Specialist surgeon office visit co-pay (General Surgeon, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology): \$15 tier 1 hospital affiliation, \$25 tier 2 and tier 3
- Specialist visit co-pay (other specialists): \$25

Neighborhood Health Plan

Neighborhood Health Plan will offer two plans; its current HMO, renamed NHP Care, and a new Select & Save Plan called NHP Community Care. This new plan has a selective network with primary care based at NHP's 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites.

NHP Community Care (*See pages 23 & 27 for other details.*)

- Physician office visit co-pay: \$10
- Inpatient hospital care admission co-pay: \$200
- Outpatient surgery co-pay: \$75
- Prescription drug retail generic/brand/non-preferred brand co-pays: \$7/\$20/\$40
- Prescription drug mail order generic/brand/non-preferred brand co-pays: \$14/\$40/\$120

Other Non-Medicare Health Plan Benefit Changes

All Non-Medicare Health Plans

- Elimination of physician office visit co-pay cap of 15 co-pays per person per calendar year

Non-Medicare Fallon Community Health Plans, Health New England and NHP Care

- Elimination of mental health/substance abuse office visit co-pay cap of 15 co-pays per person per calendar year

Commonwealth Indemnity Plan Basic

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Outpatient surgery co-pay: \$75 per occurrence
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

Commonwealth Indemnity Plan Community Choice

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

Commonwealth Indemnity Plan PLUS

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

Fallon Community Health Plan Direct Care

- Outpatient surgery co-pay: \$75

Benefit Changes Effective July 1, 2006

Harvard Pilgrim Independence Plan

- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug mail order co-pay: \$90
- In-network outpatient mental health/substance abuse care visit co-pay: \$15 all visits
- In-network mental health/substance abuse medication management visit co-pay: \$10
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

Health New England

- Inpatient hospital care co-pay: \$200 per admission
- CT scans, MRIs, MRAs and PET scans co-pay: \$50

Navigator by Tufts Health Plan

- Pediatric hospital inpatient admission co-pay: \$200 tier 1, \$400 tier 2
- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug retail/mail order co-pays: \$40/\$90
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

NHP Care (formerly called Neighborhood Health Plan)

- Physician office visit co-pay: \$20
- Emergency room visit co-pay: \$75 (waived if admitted)
- Inpatient hospital care admission co-pay: \$300
- Outpatient surgery co-pay: \$100
- Brand name prescription drug retail/mail order co-pays: \$25/\$50
- Non-preferred brand prescription drug retail/mail order co-pays: \$45/\$135

Medicare Health Plan Benefit Changes

Commonwealth Indemnity Plan Medicare Extension (OME)

- Non-preferred brand name drug mail order co-pay: \$90

Other Benefit Changes

Life Insurance

The GIC has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance changes effective July 1, 2006:

- Life and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror.
- Optional life insurance rates will decrease (see page 8).
- The UnumProvident LifeBalance Program will be replaced by The Hartford's Beneficiary Assist Program, which provides counseling, legal, and financial assistance via telephone and in person after the death of a family member.



Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan.

- A "Creditable Coverage Notice" will be in your plan handbooks effective July 1, 2006. This notice is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan, Harvard Pilgrim First Seniority and Tufts Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1.800.772.1213.

Medicare Health Plan Rates

Monthly GIC Plan Rates as of July 1, 2006

	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}	Medicare Retirees Retired after July 1, 1994
	10%	15%
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$0.69	\$1.03
HEALTH CARE PLAN PREMIUM (Including Basic Life Insurance)	PER PERSON	PER PERSON
Commonwealth Indemnity Plan Medicare Extension (OME) with CIC (Comprehensive)	\$44.41	\$61.57
Commonwealth Indemnity Plan Medicare Extension (OME) without CIC (Non-Comprehensive)	34.34	51.50
Fallon Senior Plan Preferred³	16.02	24.02
Harvard Pilgrim Health Care First Seniority³	19.33	28.98
Health New England MedRate	39.36	59.03
Tufts Health Plan Medicare Complement	33.96	50.93
Medicare Preferred³	15.58	23.36

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.


















² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2007.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 12.

Non-Medicare Health Plan Rates

Monthly GIC Plan Rates as of July 1, 2006

	Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}		Non-Medicare Retirees Retired after July 1, 1994	
	10%		15%	
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$0.69		\$1.03	
HEALTH CARE PLAN PREMIUM (Including Basic Life Insurance)	RETIREE PAYS		RETIREE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
 Commonwealth Indemnity Plan Basic with CIC (Comprehensive)	\$94.83	\$220.05	\$127.00	\$294.74
Commonwealth Indemnity Plan Basic without CIC (Non-Comprehensive)	64.37	149.39	96.54	224.08
  Commonwealth Indemnity Plan Community Choice	31.98	75.73	47.96	113.59
  Commonwealth Indemnity Plan PLUS	45.88	108.47	68.81	162.71
  Fallon Community Health Plan Direct Care	35.17	83.39	52.75	125.08
  Fallon Community Health Plan Select Care	41.38	97.23	62.07	145.84
  Harvard Pilgrim Independence Plan	45.74	109.59	68.60	164.38
  Health New England	36.90	90.42	55.35	135.62
  Navigator by Tufts Health Plan	45.69	109.90	68.53	164.85
NHP Care	37.12	97.17	55.67	145.74
  NHP Community Care	33.91	88.66	50.86	132.99

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 12.

Monthly GIC Plan Rates *as of July 1, 2006*

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member	
COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$27.13
FAMILY	\$64.69

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	<i>Per \$1,000 of Coverage</i>	<i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.63	\$ 1.21
70 – 74	3.04	2.33
75 – 79	7.61	5.82
80 – 84	14.36	10.97
85 – 89	22.74	17.37
90 – 94	32.61	26.40
95 – 99	71.23	57.64
Ages 100 and over	136.57	110.51

Monthly GIC Plan Rates *as of July 1, 2006*

BASIC LIFE INSURANCE

CITY/TOWN/SCHOOL DISTRICT (SD)			RMT Pays
BASIC LIFE: \$1,000 Coverage			\$0.90
Andover	Orange		
Blackstone Valley Regional SD	Paxton		
Bridgewater	Pelham		
Gloucester	Pioneer Valley Regional SD		
Granby	Plainville		
Hampden-Wilbraham Regional SD	Salisbury		
Narragansett Regional SD	Wilbraham		
Newbury			
BASIC LIFE: \$2,000 Coverage			\$0.90
Amherst	Martha's Vineyard Regional SD	Shawsheen Valley Regional SD	
Amherst-Pelham Regional SD	Milton	Stoughton	
Barnstable	Monson	Upper Cape Cod Regional SD	
Blue Hills Regional SD	North Andover	Ware	
Cohasset	Quabbin Regional SD	W. Springfield	
Dennis	Rehoboth	Whitman-Hanson SD	
Lawrence	Rockland	Winthrop	
BASIC LIFE: \$3,000 Coverage			\$1.35
Weymouth			
BASIC LIFE: \$4,000 Coverage			\$1.80
Rockport			
BASIC LIFE: \$5,000 Coverage			\$2.25
Amesbury	Hingham	Revere	
Berkshire Hills Regional SD	Holbrook	Rutland	
Berlin-Boylston Regional SD	Holyoke	Salem	
Billerica	Hudson	Saugus	
Bourne	Medford	Spencer	
Dedham	Millis	Stoneham	
Eastham	Montague	Wareham	
Everett	North Adams	Watertown	
Franklin	North Attleboro	W. Bridgewater	
Gill-Montague Regional SD	N. Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
Harvard	Randolph		
BASIC LIFE: \$10,000 Coverage			\$4.50
Braintree			
BASIC LIFE: \$15,000 Coverage			\$6.75
Spencer-E. Brookfield Regional SD			






How to calculate your Monthly Premium *as of July 1, 2006*

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 9.
- 2 Locate your “RMT Pays” rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

MEDICARE PLANS¹

<i>Retired Municipal Teachers (RMTs)</i>	
10%	
PER PERSON COVERAGE	
HEALTH PLAN COSTS	RMT PAYS
Commonwealth Indemnity Plan Medicare Extension (OME) <i>with</i> CIC (Comprehensive)	\$52.76
Commonwealth Indemnity Plan Medicare Extension (OME) <i>without</i> CIC (Non-comprehensive)	37.70
Fallon Senior Plan ²	15.33
Harvard Pilgrim Health Care First Seniority ²	18.64
Health New England MedRate Plan	38.67
Tufts Health Plan Medicare Complement	33.27
Tufts Health Plan Medicare Preferred ²	14.89

NON-MEDICARE PLANS¹

<i>Retired Municipal Teachers (RMTs)</i>		
10%		
INDIVIDUAL COVERAGE		FAMILY COVERAGE
HEALTH PLAN COSTS	RMT PAYS	RMT PAYS
Commonwealth Indemnity Plan Basic <i>with</i> CIC (Comprehensive)	\$111.20	\$269.38
Commonwealth Indemnity Plan Basic <i>without</i> CIC (Non-comprehensive)	70.52	169.48
 Fallon Community Health Plan Direct Care	34.48	82.70
 Fallon Community Health Plan Select Care	40.69	96.54
 Health New England	36.21	89.73
 NHP Care	36.43	96.48
 NHP Community Care	33.22	87.97

¹ RMTs from Peabody – call the GIC for monthly rates.

² Benefits, rates and enrollment area are subject to change January 1, 2007.

Annual Enrollment Overview

Annual enrollment gives you an opportunity to review your options and select a new health plan. If you want to keep your current GIC health plan, you do not need to do anything. Your coverage will continue automatically.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

If You Have Medicare...

You may enroll in one of these plans:

- Commonwealth Indemnity Plan Medicare Extension (OME)
- HMO Medicare Plans:
 - Fallon Senior Plan
 - Harvard Pilgrim First Seniority
 - Health New England MedRate
 - Tufts Medicare Complement or Tufts Medicare Preferred

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By May 17...

- Write to the GIC requesting the change, including your name, address and GIC Identification number
- Send Retiree Dental form to the GIC (if selected)
- Send a Medicare HMO application form to the Plan (if selected)

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option

If You Do Not Have Medicare...

You may enroll in one of these health plans:

- Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, or Commonwealth Indemnity Plan PLUS
- Fallon Community Health Plan Direct Care or Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Health New England
- Navigator by Tufts Health Plan
- NHP Care or NHP Community Care

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By submitting by May 17...

- Enrollment forms to the GIC
- HMO enrollment form to the Plan (if selected)

Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

If You Do Not Have Medicare...

You may enroll in one of these health plans:

- Commonwealth Indemnity Plan Basic
- Fallon Community Health Plan Direct Care or Fallon Community Health Plan Select Care
- Health New England
- NHP Care or NHP Community Care

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By submitting by May 17...

- Enrollment forms to the GIC
- HMO enrollment form to the Plan (if selected)

Enrollment and application forms are available on our website: www.mass.gov/gic, at the GIC health fairs, and by calling or writing to the GIC.

* Former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option are not eligible for the health insurance buy-out option.

How to Choose a Health Plan

Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important attribute to consider, it is only one of many factors that will help determine your satisfaction with a plan.

Keep in mind that doctors, hospitals and other health care providers can leave a plan's network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

	INDEMNITY BASIC & MEDICARE EXTENSION (OME)	INDEMNITY COMMUNITY CHOICE	INDEMNITY PLUS	HARVARD PILGRIM INDEPENDENCE	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs AND HMO MEDICARE PLANS
Are you eligible to join the plan and is it available in your area?	Yes*	See pages 11, 14-15 and 20				
What will your monthly premium cost be?	Retired Municipal Teachers (RMTs) – see pages 9-10 All other GIC Enrollees – see pages 6-7					
What will your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use. <i>Medicare enrollees see pages 16-17. Non-Medicare RMTs and EGRs see pages 18, 21-23 and 26-27. Other Non-Medicare enrollees see pages 18 and 21-27.</i>					
Does your doctor(s) participate in the plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the plan for information on in-network doctors			
Does your hospital(s) participate in the plan?	Yes*	Contact the plan for information on in-network hospitals				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited
	Emergency care is covered by all plans. See charts on pages 14 and 20 for coverage by county and contiguous state coverage. The Commonwealth Indemnity Plan Basic and Commonwealth Indemnity Plan Medicare Extension (OME) are the only plans available throughout the United States and outside of the country.					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	No	No	Yes
Do you need plan authorization for certain procedures – such as MRIs, physical therapy, and hospitalizations?	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the plan rate in quality and member satisfaction?	See the 2005 MHPG-GIC HMO Report Card, available on our website. Ask friends about their experience with a health plan.					
Does the plan have a pre-existing condition exclusion?	No for all plans.					
Does the plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the plan’s physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts	Express Scripts	Express Scripts	Harvard Pilgrim Health Care	Caremark	The HMO
What company administers mental health/substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacifiCare Behavioral Health	United Behavioral Health	HMOs arrange coverage internally or with a managed mental health plan

* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Commonwealth Indemnity Plan Medicare Extension (OME) members.

Prescription Drug Benefits – All GIC Plans

Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 16-17, 21 and 24-27 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic (usually tier 1): Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as brand name drugs. Generic drugs cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name (tier 2): The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name (tier 3): These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.



Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You *can* do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs.

Give Your Doctor a Copy of Your Plan's

Formulary: The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications – generics and preferred brand name drugs – with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

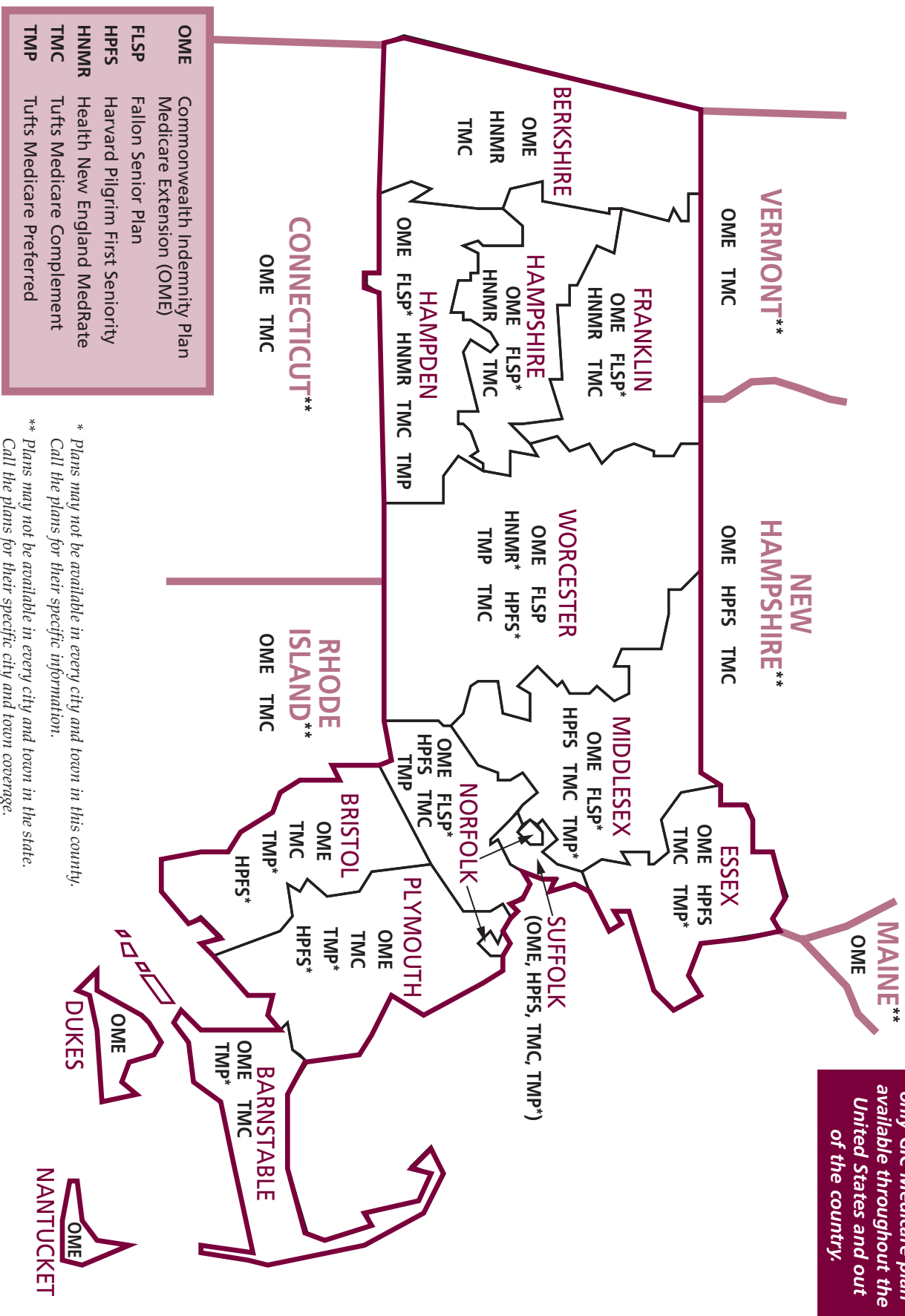
Use Mail Order: If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. For most drugs, you will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. Members receive a mail order prescription drug form when they enroll in the plan. *See pages 16-17, 21 and 24-27 to calculate how much you will save by switching from using your local pharmacy to using mail order.*

Medicare Part D and Your Prescription Drug Benefits

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan. *See page 5 for additional details.*

Is the Medicare Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.



* Plans may not be available in every city and town in this county. Call the plans for their specific information.

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.

Medicare and Your GIC Benefits

Medicare Guidelines

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire.



When you (the state insured) retire:

- If you and/or your spouse is eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage.

Insured and Spouse Coverage if Under and Over Age 65

If you or your spouse or other covered dependent is younger than age 65, you and/or your spouse or other covered dependent (*under age 65*) will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

Non-Medicare/Medicare Plan combination choices for state retirees, deferred retirees, survivors, and former employees receiving continuation coverage:

- Commonwealth Indemnity Plan Basic OR Commonwealth Indemnity Plan Community Choice OR Commonwealth Indemnity Plan PLUS/Commonwealth Indemnity Plan Medicare Extension (OME)
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Harvard Pilgrim Independence Plan/Harvard Pilgrim Health Care First Seniority
- Health New England/Health New England MedRate

- Navigator by Tufts Health Plan/Tufts Health Plan Medicare Complement OR Tufts Health Plan Medicare Preferred

Non-Medicare/Medicare Plan combination choices for Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs):

- Commonwealth Indemnity Plan Basic/Commonwealth Indemnity Plan Medicare Extension (OME)
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Health New England/Health New England MedRate

GIC Medicare Choices

GIC Medicare plans provide comprehensive coverage for some services that Medicare does not cover. The Commonwealth Indemnity Plan Medicare Extension (OME) is available throughout the United States and outside of the country. The HMO Medicare plans require you to live in their service areas. *Refer to page 14 for additional information. See pages 16-17 for an overview of each plan's benefits.*

Helpful Reminders



- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC health coverage.

- Call or visit your local Social Security office for more information about Medicare benefits.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of a GIC Medicare HMO service area.
- If you want to enroll in the Commonwealth Indemnity Plan Medicare Extension (OME), write to the Group Insurance Commission.
- If you want to enroll in an HMO Medicare Plan, complete the HMO's Medicare application, available from the plan or our website. You must also notify the GIC in writing.
- Benefits and rates of Fallon Senior Plan, Harvard Pilgrim Health Care First Seniority, and Tufts Health Plan Medicare Preferred are subject to change January 1, 2007. These three plans include Medicare Part D prescription drug benefits. Contact the plans for additional details.
- Medicare HMO enrollment areas may change at any time during the year.

Benefits-at-a-Glance: Medicare Plans

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN MEDICARE EXTENSION (OME) with CIC ¹ (Comprehensive) UNICARE	FALLON SENIOR PLAN ²
TELEPHONE NUMBER	1.800.442.9300	1.866.344.4442
WEBSITE	www.unicare-cip.com	www.fchp.org
Preventive Care <i>office visits according to schedule³</i>	100%, after \$5 per visit	100%, after \$10 per visit
Physician Office Visit <i>(except mental health)</i>	100%, after \$35 calendar year deductible	100%, after \$10 per visit
Inpatient Hospital Care	100%, after \$50 deductible per quarter	100%
Hospice Care	100%, after \$35 calendar year deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%
Surgery <i>Inpatient & Outpatient</i>	100% within MA; call the plan for out-of-state details	100%
Emergency Room Care <i>(includes out-of-area)</i>	100%, after \$25 co-pay per visit <i>(waived if admitted)</i> <i>(calendar year deductible may apply)</i>	100%, after \$50 co-pay per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period	
Prescription Drug Co-pays ⁴ <i>Network Pharmacy – Up to a 30-day supply</i>	\$7 generic \$20 preferred brand name \$40 non-preferred brand name ⁵	\$8 tier I \$15 tier II \$35 tier III
<i>Mail Order – Maintenance drugs up to a 90-day supply</i>	\$14 generic \$40 preferred brand name \$90 non-preferred brand name ⁵	\$16 tier I \$30 tier II \$105 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.	
Outpatient Mental Health Care	See page 18 for details.	100%, after \$10 per visit
Outpatient Substance Abuse Care	See page 18 for details.	100%, after \$10 per visit

¹ Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

² Benefits and rates of Fallon Senior Plan, Harvard Pilgrim First Seniority, and Tufts Health Plan Medicare Preferred are subject to change January 1, 2007.

³ Contact the plan for the schedule.

⁴ Contact the individual plan to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 19 for details on Express Scripts benefits.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HARVARD PILGRIM HEALTH CARE FIRST SENIORITY ²	HEALTH NEW ENGLAND MEDRATE	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED ²
1.800.779.7723	1.800.842.4464	1.800.870.9488	1.800.867.2000
www.harvardpilgrim.org	www.hne.com	www.tuftshealthplan.com	www.tuftshealthplan.com
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%			
100%			
100%			
100%			
100%, after \$50 co-pay per visit (waived if admitted)			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period			
\$10 tier 1 \$20 tier 2 \$35 tier 3	\$10 tier 1 \$20 tier 2 \$40 tier 3	\$8 tier 1 \$20 tier 2 \$35 tier 3	\$10 tier 1 \$20 tier 2 \$40 tier 3
\$20 tier 1 \$40 tier 2 \$105 tier 3	\$20 tier 1 \$40 tier 2 \$120 tier 3	\$16 tier 1 \$40 tier 2 \$70 tier 3	\$20 tier 1 \$40 tier 2 \$80 tier 3
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.			
100%, after \$5 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
Visit(s) 1-8: 100%, after \$5 per visit; Visits 9-20: 100%, after \$25 per visit Visits 21 and up: 50%	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit

Benefits-at-a-Glance: Mental Health-Substance Abuse

For the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. *For more detailed information about the plan design and providers, call UBH or visit its website.*

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Inpatient Care² Mental Health General hospital or Psychiatric hospital Substance Abuse General hospital or substance abuse facility	100%, after inpatient care deductible	80% ¹ , after deductible
Intermediate Care² Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.	100%	80%
Outpatient Care² Individual and family therapy	Indemnity Basic, Community Choice, PLUS and Tufts Navigator 100%, after \$15 per visit Medicare Extension OME First 4 visits: 100% Visits 5 and over: 100%, after \$10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ³
Enrollee Assistance Program (EAP): Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.	Indemnity Basic, Community Choice, PLUS and Tufts Navigator Up to 3 visits: 100%	No coverage for EAP
Inpatient Care per Admission Deductible	Indemnity Basic \$150 per calendar quarter Community Choice, PLUS and Tufts Navigator \$200 per calendar quarter Medicare Extension OME \$50 per calendar quarter	\$150 per admission
Annual Deductible (Separate from the medical deductible and out-of-pocket maximum)	None	Indemnity Basic, Community Choice, PLUS and Tufts Navigator \$150 per person Medicare Extension OME \$100 per person RMT/EGR \$75 per person
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

² Treatment that is not pre-certified receives out-of-network level reimbursement.

³ All outpatient out-of-network visits beyond session 15 require pre-authorization.

Express Scripts, Inc. is the prescription drug benefits administrator for members of the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), and Commonwealth Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 13, the Plan has three programs that address the issues of quality, safety and cost:

Pilot Program with Value Co-Pays

Last year the GIC introduced pilot programs that encourage members to adhere to their cholesterol-lowering statin regimen and discourage members from taking high-cost GI/stomach drugs, such as Nexium, when other lower-cost drugs might work just as well. This pilot program, which lowers co-pays for certain generic drugs, will continue in Fiscal Year 2007.

Members prescribed these drugs will enjoy a very low **\$2 retail and \$4 mail order co-pay** for the following drugs:

- Generic versions of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs would ordinarily have co-pays of \$7 at retail and \$14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will stay on the **non-preferred brand name drug tier of \$40 retail and \$90 mail order**:

- COX-2 inhibitors: Celebrex
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

Prilosec OTC Covered

The GIC will continue to cover over-the-counter versions of Prilosec at a co-pay of \$7 retail and \$14 mail order. Have your physician write a prescription for Prilosec OTC to receive coverage.

Last year we moved omeprazole (generic Prilosec) to the non-preferred brand name tier in response to the high cost of this drug. Since that time, the price of this drug has fallen, so omeprazole will be moved to the preferred brand tier effective July 1, 2006.

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs proven to work for your condition. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach acid, pain/arthritis, allergies, high blood pressure, topical dermatitis, ADD/ADHD, high cholesterol and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a second-line drug, he or she must contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay *and* the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic drug will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

Commonwealth Indemnity Plans' Prescription Drug Questions?

Contact Express Scripts

1.877.828.9744

www.express-scripts.com

Is the Non-Medicare Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the country and state map below for an overview of health plan(s) available in your area.

VERMONT**

IP HP THP

NEW HAMPSHIRE**

IP PLUS HP THP

MAINE**

IP PLUS HP

The Commonwealth Indemnity Plan Basic is the only Non-Medicare plan available throughout the United States and out of the country.

FRANKLIN

IP CC PLUS FLSC* HP HNE THP

BERKSHIRE

IP CC PLUS HP HNE THP

HAMPSHIRE

IP CC PLUS FLDC* FLSC* HP HNE THP

HAMPDEN

IP CC PLUS FLDC* FLSC* HP HNE THP NHP NHCC*

WORCESTER

IP CC PLUS FLDC* FLSC HP HNE* THP NHP NHCC*

MIDDLESEX

IP CC PLUS FLDC* FLSC HP THP NHP NHCC*

ESSEX

IP CC PLUS FLSC HP THP NHP

NORFOLK

IP CC PLUS FLDC* FLSC HP THP NHP NHCC

SUFFOLK

(IP, CC, PLUS, FLSC, HP, THP, NHP, NHCC)

CONNECTICUT**

IP PLUS THP HP*

RHODE ISLAND**

IP PLUS HP THP

BRISTOL

IP CC PLUS HP THP NHP* NHCC*

PLYMOUTH

IP CC PLUS FLSC* HP THP NHP* NHCC*

BARNSTABLE

IP CC PLUS HP THP

DUKES

(IP, CC, HP)

NANTUCKET

- IP Commonwealth Indemnity Plan Basic
- CC Commonwealth Indemnity Plan Community Choice
- PLUS Commonwealth Indemnity Plan PLUS
- FLDC Fallon Direct Care
- FLSC Fallon Select Care
- HP Harvard Pilgrim Independence Plan
- HNE Health New England
- THP Navigator by Tufts Health Plan
- NHP NHP Care
- NHCC NHP Community Care


* Plans may not be available in every city and town in this country. Call the plans for their specific information.

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.

Benefits-at-a-Glance: Non-Medicare Commonwealth Indemnity & Community Choice

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

For more information about plan designs, call the plan or visit its website.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN BASIC WITH CIC ^{1,2} (Comprehensive)	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	
		In-Network	Out-of-Network ³
PROVIDER	UNICARE	 UNICARE	
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300	
WEBSITE	www.unicare-cip.com	www.unicare-cip.com	
Inpatient Hospital Care	100%, after hospital deductible	See page 22	100%, after hospital deductible
Hospice Care	100%, after calendar year deductible	100%	
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	100%, after \$50 co-pay (waived if admitted)	100%, after \$100 co-pay (waived if admitted)
Outpatient Surgery	100%, after outpatient surgery deductible	100% after outpatient surgery deductible	
Diagnostic Laboratory Test	100% with preferred provider 80% of allowed charges without preferred provider	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Diagnostic Imaging (e.g., X-Rays, CT Scans, MRIs)	100%	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	See page 22	Not applicable
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	See page 22	\$750 per admission
Outpatient Surgery Deductible	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence
Calendar Year Deductible Individual Family	\$75 \$150	\$0 \$0	\$0 \$0
Prescription Drug Co-pay ⁴ Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ .		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ⁵ .		
Mental Health and Substance Abuse Care	See page 18		

¹ Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

² Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

³ Benefits are subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

⁴ Contact Express Scripts to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 19 for Express Scripts benefit details.



RMTs and EGRs are not eligible for Community Choice.

Benefits-at-a-Glance: Non-Medicare SELECT & SAVE In-Network Benefits

This chart is a comparative overview of in-network plan co-pays for physician office visits and inpatient hospital care. Contact your plan, and other plans you are considering, to see which tier your doctors are in.



Medical providers – doctors, hospitals and other care givers – vary in their use of medical resources and overall quality

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	COMMONWEALTH INDEMNITY PLAN PLUS
PROVIDER	UNICARE	UNICARE
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300
WEBSITE	www.unicare-cip.com	www.unicare-cip.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN ² . Contact the plans for details.	
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Tier 3	No tier 3	No tier 3
Specialist Physician Office Visit		
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Inpatient Hospital Care		
Tier 1	100%, after \$200 per admission	100%, after \$200 per admission
Tier 2	No tiering	100%, after \$400 per admission
Tier 3	No tiering	No tier 3
	Maximum one deductible per calendar quarter per person	

HEALTH PLAN	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND
PROVIDER	HARVARD PILGRIM HEALTH CARE	HEALTH NEW ENGLAND
TELEPHONE NUMBER	1.800.542.1499	1.800.842.4464
WEBSITE	www.harvardpilgrim.org/gic	www.hne.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN ² . Contact the plans for details.	
Tier 1	100%, after \$15 per visit	100%, after \$10 per visit
Tier 2	No tiering	100%, after \$15 per visit
Tier 3	No tiering	100%, after \$25 per visit
Specialist Physician Office Visit		
Tier 1	100%, after \$15 per visit ³	100%, after \$15 per visit
Tier 2	100%, after \$25 per visit ³	No tiering
Inpatient Hospital Care		
Tier 1	100%, after \$400 per admission	100%, after \$200 per admission
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
	Maximum 4 co-pays annually per person	

¹ Fallon Community Health Plan Select Care calls its physician tiers Value Plus (tier 1) and Value (tier 2); Tiers for all services are based on the Primary Care Physician's tier.

² Co-pays for OB/GYNs in Community Choice, PLUS, Harvard Independence and Tufts Navigator are the same as co-pays for PCPs.

³ Harvard Pilgrim Independence Plan tiers the following Massachusetts specialists into tier 1 or tier 2: Cardiology, Orthopedics, General Surgery, Gastroenterology, Dermatology. All other specialists are in tier 2.





RMTs and EGRs are not eligible for Community Choice, PLUS, Harvard Pilgrim Independence or Navigator by Tufts Health Plan.

of care. Our Select & Save plans give you information about these variances and give you co-pay incentives for choosing high quality and/or cost-effective providers or limited provider networks. Each plan has its own groupings of providers that meet and exceed quality and/or cost effectiveness thresholds. *See pages 21 and 24-27 for an overview of other benefits.*

FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE ¹
FALLON COMMUNITY HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
1.866.344.4442	1.866.344.4442
www.fchp.org	www.fchp.org

Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$10 per visit Child Preventive Care: 100%	100%, after \$15 per visit Child Preventive Care: 100%, after \$5 per visit
No tiering	100%, after \$20 per visit Child Preventive Care: 100%, after \$10 per visit
No tiering	No tier 3
100%, after \$15 per visit	100%, after \$20 per visit
No tiering	100%, after \$25 per visit
100%, after \$200 per admission	100%, after \$250 per admission
No tiering	100%, after \$300 per admission
No tiering	No tier 3
Maximum 4 co-pays annually per person	

NAVIGATOR BY TUFTS HEALTH PLAN	NHP COMMUNITY CARE
TUFTS HEALTH PLAN	NEIGHBORHOOD HEALTH PLAN
1.800.870.9488	1.800.462.5449
www.tuftshealthplan.com/gic	www.nhp.org

Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$15 per visit	100%, after \$10 per visit
No tiering	No tiering
No tiering	No tiering
100%, after \$15 per visit ⁴	100%, after \$10 per visit
100%, after \$25 per visit ⁴	No tiering
Adult: 100%, after \$150 per admission Child: 100%, after \$200 per admission ⁵	100%, after \$200 per admission
Adult: 100%, after \$300 per admission Child: 100%, after \$400 per admission ⁵	No tiering
Adult: 100%, after \$500 per admission; Child: No tier 3 ⁵	No tiering
Maximum 4 co-pays annually per person	

⁴ Tufts Health Plan tiers the following surgeons based on their hospital affiliation's quality-cost score: General, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology. All other specialists are in tier 2.

⁵ Tufts Health Plan groups its hospitals by adult medical/surgical services and obstetrics, which are called Level I: best quality-cost score, Level II: better quality-cost score, Level III: good quality-cost score. Pediatric hospitals are grouped by Level I: best quality-cost score and Level II: better quality-cost score.



Benefits-at-a-Glance: Non-Medicare PPO-Type Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN PLUS	
	In-Network	Out-of-Network ¹
PROVIDER	UNICARE	
TELEPHONE NUMBER	1.800.442.9300	
WEBSITE	www.unicare-cip.com	
Inpatient Hospital Care	See page 22	80%, after hospital deductible
Hospice Care	100%	80%, after calendar year deductible
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	
Outpatient Surgery	100%	80% after outpatient surgery deductible
Diagnostic Laboratory Tests	100%	80%
Diagnostic Imaging (e.g., X-rays, CT Scans, MRIs)	100%	80%
Physician Office Visit and Preventive Care (except mental health)	See page 22	80%, after \$20 per visit and calendar year deductible
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Inpatient Hospital Deductible/ Co-pay	See page 22	\$400 per person per calendar quarter
Outpatient Surgery Deductible/ Co-pay	\$75 per person per calendar quarter	\$75 per person per calendar quarter
Calendar Year Deductible		
Individual	\$0	\$100
Family	\$0	\$200
Prescription Drug Co-pay ²		
Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ³	
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ³	
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 18	
Outpatient Mental Health and Substance Abuse Care	See page 18	

¹ Benefits subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

² Contact the plan to find out how a specific drug is categorized.

³ Additional charges may apply. See page 19 for Express Scripts details. Contact Tufts Health Plan for Navigator by Tufts Health Plan details.

For more information about plan designs,
call the plan or visit its website.



HARVARD PILGRIM INDEPENDENCE PLAN				NAVIGATOR BY TUFTS HEALTH PLAN			
In-Network		Out-of-Network ¹		In-Network		Out-of-Network ¹	
Harvard Pilgrim Health Care				Tufts Health Plan			
1.800.542.1499				1.800.870.9488			
www.harvardpilgrim.org/gic				www.tuftshealthplan.com/gic			
See page 22	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person	See page 23	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person		
100%	80%		100%	80%			
100%, after \$50 co-pay (waived if admitted)			100%, after \$50 co-pay (waived if admitted)				
100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person		
100%	80%		100%	80%			
100%	80%		100%	80%			
See page 22	80%		See page 23	80%			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.							
See page 22	Not applicable		See page 23	Not applicable			
\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable		\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable			
	Medical	Mental Health & Substance Abuse					
\$0	\$150	\$150	\$0	\$150			
\$0	\$300	\$300	\$0	\$300			
\$10 tier 1, \$20 tier 2, \$40 tier 3			\$10 tier 1, \$20 tier 2, \$40 tier 3 ³				
\$20 tier 1, \$40 tier 2, \$90 tier 3			\$20 tier 1, \$40 tier 2, \$90 tier 3 ³				
100%, after \$200 per admission; maximum 4 co-pays per calendar year	80%, after \$150 per admission		See page 18				
100%, after \$15 per individual visit or \$10 per group visit	Visits 1-15: 80% Visits 16 and over: 50%		See page 18				



RMTs and EGRs are not eligible for these three plans.

Benefits-at-a-Glance: Non-Medicare HMOs

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org	www.fchp.org
Inpatient Hospital Care	See page 23	
Outpatient Surgery	100%, after \$75 co-pay per occurrence Maximum of four co-pays annually.	100%, after \$100 co-pay per occurrence Value Plus tier or \$125 per occurrence Value tier ¹
Diagnostic Laboratory Tests	100%	
Diagnostic Imaging (e.g., X-rays, CT and PET scans, MRAs, & MRIs)	100%	
Hospice Care	100%	
Emergency Room Care (includes out-of-network)	100%, after \$75 co-pay per visit (waived if admitted)	
Physician Office Visit (except Mental Health)	See page 23	See page 23
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Prescription Drug Co-pays ² Network Pharmacy – Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III
Mail Order – Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit	100%, after \$15 per visit Value Plus tier ¹ 100%, after \$20 per visit Value tier ¹

¹ Tiers are based on the tier of your Primary Care Physician. Contact Fallon Community Health Plan for details.

² Contact the individual plan to find out how a specific drug is categorized.

For more information about a specific plan's benefits or providers, call the plan or visit its website.



HEALTH NEW ENGLAND	NHP CARE	NHP COMMUNITY CARE
1.800.842.4464	1.800.462.5449	1.800.462.5449
www.hne.com	www.nhp.org	www.nhp.org
See page 22	100%, after \$300 co-pay per admission. Maximum of four co-pays annually per person.	See page 23
100%, after \$75 co-pay per occurrence	100%, after \$100 co-pay per occurrence	100%, after \$75 co-pay per occurrence
	Maximum of four co-pays annually.	
100%	100%	100%
100% X-rays and 100%, after \$50 per occurrence for CT and PET scans, MRAs & MRIs.	100%	100%
100%	100%	100%
100%, after \$50 co-pay per visit (waived if admitted)	100%, after \$75 co-pay per visit (waived if admitted)	100%, after \$50 co-pay per visit (waived if admitted)
See page 22	100%, after \$20 per visit	See page 23
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
\$10 tier 1 \$20 tier 2 \$40 tier 3	\$10 generic \$25 preferred brand name \$45 non-preferred brand name	\$7 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 tier 1 \$40 tier 2 \$120 tier 3	\$20 generic \$50 preferred brand name \$135 non-preferred brand name	\$14 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		
100%, after \$15 per visit	100%, after \$20 per visit	100%, after \$10 per visit

Life, AD&D and Beneficiary Assist

The Group Insurance Commission has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiary(ies). **Life (Basic and Optional) and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror effective July 1, 2006.**

Retired Municipal Teachers (RMTs) are eligible for basic life insurance only, in an amount determined by the city or town from which they retire. *See page 9 for details.*



Survivors, Elderly Governmental Retirees (EGRs), and COBRA enrollees are not eligible for basic or optional life insurance.

Basic Life Insurance (Retired State Employees)

The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC.

Optional Life Insurance After Retirement (Retired State Employees Only)

Optional Life Insurance rates will decrease effective July 1, 2006. *See page 8 for details.*

At retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it makes economic sense for you to maintain it. Optional Life Insurance rates significantly increase when you retire and continue to increase based on your age. If you have paid off your home and student loans, your tax advisor might recommend other programs that might be more beneficial. You cannot increase your amount of life insurance after you retire. However, if you decrease coverage and then later want to increase up to the amount you carried at the time of retirement, you may do so with proof of good health acceptable to The Hartford.

Optional Life Insurance Non-Smoker Benefit (Retired State Employees Only)

During annual enrollment, retired state employees who have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months are eligible for reduced Optional Life Insurance rates effective July 1, 2006. Request an enrollment form by writing to the GIC. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

Life Insurance Questions?

Contact the GIC

1.617.727.2310 ext. 1 • www.mass.gov/gic

Accelerated Life Benefit (Retired State Employees and RMTs)

This benefit provision allows you to elect an advance payment of up to 75% of your insurance death benefits if you have been diagnosed with a terminal illness. Insured enrollees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. You must continue to pay the required monthly premium. The remaining balance is paid to your beneficiary at death.

Accidental Death and Dismemberment Benefits

(Retired State Employees and RMTs)

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Air Bag and Seat Belt benefits for loss of life in a car accident



Retired Municipal Teachers with Basic Life Insurance of \$1,000 do not have Accidental Death and Dismemberment benefits.

Beneficiary Assist Benefit

The LifeBalance® program will be replaced by The Hartford's Beneficiary Assist program effective July 1, 2006. This program helps GIC enrollees cope with the emotional, financial and legal issues that can arise after the loss of a family member. The program provides GIC enrollees with unlimited telephone access and up to five face-to-face sessions with grief, legal, and financial counselors after the death of a family member.

Beneficiary Assist Questions?

Contact The Hartford: 1.800.411.7239
www.thehartfordatwork.com

Retiree Dental, Vision & Buy-Out Option

GIC Retiree Dental Plan

Altus Dental administers the GIC Retiree Dental Plan. The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures. As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting a participating provider. Over 2,900 Massachusetts dentists participate in the plan. *(If you live outside of this area and are a member of the plan, there is a nationwide network of over 41,000 providers that offers discounted rates.)* When you visit a participating provider, your out-of-pocket expenses will generally be lower and Altus will pay the provider directly. If you go to a non-participating dentist, Altus will reimburse you according to the scheduled allowance.

This is an entirely voluntary plan (*retiree-pay-all*) that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

There is no increase in the monthly premium for Fiscal Year 2007. See page 8 for rate details.

Questions?
Contact Altus Dental
1.800.722.1148
www.altusdental.com

The following are examples of the reimbursements you would receive for dental procedures:

Maximum Annual Benefit of \$850 per Member	
Procedure Description	Allowance
Adult Cleaning	\$75
Complete X-Ray Series	\$94
Three-surface Silver Filling	\$78
Porcelain Crown (coverage after 6 months of participation)	\$385
Complete Upper Denture (coverage after 6 months of participation)	\$374

Enrollment

All GIC retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and survivors may join during annual enrollment, when COBRA dental coverage ends, or at retirement. However, if you drop coverage after joining, you can never re-enroll in the plan. Participants are eligible for Type III Dental Services (*major restorative treatment like crowns or dentures*) after the initial six months of participation.

GIC Retiree Vision Discount Plan

The GIC has again contracted with Davis Vision to administer the Retiree Vision Discount Plan effective July 1, 2006. This plan offers considerable savings on a number of vision services and products. The plan is available at any of the over 11,300 participating Davis Vision providers throughout the United States. However, you must call Davis Vision before visiting the office in order to participate. The plan provides significant discounts on eye examinations, frames, spectacle lenses and contact lenses. In addition, all eyeglasses purchased through the Retiree Vision Plan are covered by a two-year unconditional warranty against breakage at no additional cost.

Retiree Vision Questions?

Contact Davis Vision

1.800.783.3594

www.davisvision.com (control code: 7621)

Health Insurance Buy-Out Option

If you were insured with the GIC on January 1, 2006 or before and continue your coverage through June 30, 2006, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible enrollees receive 25% of the full cost monthly premium in lieu of health insurance benefits for one 12-month period. The amount of payment depends on your health plan and coverage.

Buy-Out Questions?

Contact the GIC

617.727.2310 ext. 1

www.mass.gov/gic

For example:

State Retiree with
Commonwealth Indemnity Plan
Medicare Extension (OME) individual coverage

Full cost premium on July 1, 2006: \$336.41

Monthly 12-month benefit = 25% of this premium

Retiree receives 12 monthly checks of \$84.10
(before federal and state tax deduction)

Need More Help?



Attend a GIC Health Fair

Attend one of the GIC's 19 health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See page 31 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 19 de Abril hasta el 17 de Mayo del 2006. Durante dicho período, usted como (*empleado o jubilado del estado*) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2006. Para obtener más información, sírvase llamar a Group Insurance Commission (*Comisión de Seguros de Grupo*) al **617.727.2310**, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2006年4月19日開始，於5月17日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2006年7月1日生效。如有問題，請打電話給Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Audiotape for Visually Impaired

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a Benefit Decision Guide audiotope: **617.727.2310 ext. 1**.

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- GIC publications – including the new *Guide to Non-Medicare Select & Save Plans, For Your Benefit* newsletter, and the *Benefit Decision Guides*
- The latest annual enrollment news
- Directions to and the schedule of the GIC Health Fairs
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- Health articles and links to help you take charge of your health, including a hospital research tool (*password: quality*)

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 19 tháng Tư và chấm dứt vào ngày 17 tháng Năm, 2006. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2006. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.

For More Information, Attend A GIC Health Fair

APRIL 2006

20 THURSDAY 11:00-3:00
Wrentham Developmental Center
 Graves Auditorium
 Littlefield Street WRENTHAM

21 FRIDAY 11:00-2:00
Mt. Wachusett Community College
 Commons Area
 444 Green Street GARDNER

22 SATURDAY 11:00-2:00
Northshore Community College
 Health Professions and Science Building
 One Ferncroft Road DANVERS

24 MONDAY 11:00-2:00
Massachusetts State Police Headquarters
 Gymnasium
 470 Worcester Road FRAMINGHAM

25 TUESDAY 11:00-3:00
State House
 Great Hall - 2nd Floor
 Beacon Street BOSTON

26 WEDNESDAY 11:00-3:00
Middlesex Community College
 Campus Center - Building 8
 Springs Road BEDFORD

27 THURSDAY 1:00-4:00
Holyoke Community College
 Bartley Center
 303 Homestead Avenue HOLYOKE

28 FRIDAY 11:00-2:00
Berkshire Community College
 Patterson Field House
 1350 West Street PITTSFIELD

29 SATURDAY 11:00-3:00
Mass Maritime Academy
 Baystate Conference Center - Cafeteria
 Academy Drive BUZZARDS BAY

MAY 2006

2 TUESDAY 11:00-3:00
Bristol Community College
 Margaret Jackson Art Center - H Building
 777 Elsbree Street FALL RIVER

3 WEDNESDAY 11:00-3:00
State Transportation Building
 Conference Rooms 1, 2 & 3
 10 Park Plaza BOSTON

4 THURSDAY 11:00-3:00
Quinsigamond Community College
 Library/Learning Center - Room 109
 670 West Boylston St. WORCESTER

5 FRIDAY 11:00-3:00
Fernald State School
 Activity Center
 200 Trapelo Road WALTHAM

6 SATURDAY 11:00-3:00
State Lottery Commission
 1st Floor Conference Room
 60 Columbian Street BRAINTREE

8 MONDAY 11:00-3:00
Tewksbury State Hospital
 Events Room
 365 East Street TEWKSBURY

10 WEDNESDAY 10:00-2:00
McCormack State Office Building
 One Ashburton Place
 21st Floor BOSTON

11 THURSDAY 9:00-1:00
U-Mass Amherst
 Student Union Ballroom AMHERST

12 FRIDAY 10:00-2:00
Hampden County Sheriff's Department
 Hampden County Correctional Center
 627 Randall Road LUDLOW

15 MONDAY 11:00-3:00
Northern Essex Community College
 Haverhill Campus
 Technology Center TC 103A-B
 Elliott Way HAVERHILL



**Commonwealth of Massachusetts
 Group Insurance Commission**

*Your
 Benefits
 Connection*

For More Information, Contact the Plans

*For more information about specific plan benefits, contact the individual plan.
Be sure to indicate you are a GIC insured.*

Health Insurance

Commonwealth Indemnity Plan Basic Commonwealth Indemnity Plan Community Choice Commonwealth Indemnity Plan Medicare Extension (OME) Commonwealth Indemnity Plan PLUS (UNICARE)	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Plans' Prescription Drugs (Express Scripts)	1.877.828.9744	www.express-scripts.com
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health/Substance Abuse and EAP (United Behavioral Health)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	www.fchp.org
Harvard Pilgrim Health Care Independence Plan First Seniority	1.800.542.1499 1.800.779.7723	www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO MedRate	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care NHP Community Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Medicare Complement Medicare Preferred	1.800.870.9488 1.800.867.2000	www.tuftshealthplan.com

Other Benefits

Life/AD&D Insurance (The Hartford) – contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic
GIC Retiree Vision Discount Plan (Davis Vision)	1.800.783.3594	www.davisvision.com (control code: 7621)
GIC Retiree Dental Plan (Altus Dental)	1.800.722.1148	www.altusdental.com

Additional Resources

Social Security Administration	1.800.772.1213	www.ssa.gov
Medicare	1.800.633.4227	www.medicare.gov
State Board of Retirement	1.617.367.7770	www.mass.gov/treasury/srb.htm

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 www.mass.gov/gic

39-Week Layoff Coverage – allows laid-off state insureds to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Case Management – a process that focuses on coordinating a number of services needed by patients with complex medical conditions. It includes an objective assessment of patient's needs and develops an individualized care plan, within the scope of benefits, that is based on the needs assessment and is goal oriented. Patients' families may be involved as well. The goal is to provide the best possible management of care.

CIC (Catastrophic Illness Coverage) – an optional part of the Commonwealth Indemnity Plan. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. It is an enrollee-pay-all benefit. Enrollees without CIC pay higher deductibles and receive only 80% coverage for some services. Over 99% of current Indemnity Plan members select CIC.

COBRA – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full-cost group premium.

Deferred Retirement – an option to maintain group life and health coverage for insureds who leave state service and are eligible for a pension, but are not yet receiving a pension.

EGR (Elderly Governmental Retiree) – a state employee who retired from state service prior to January 1, 1956. EGRs also include certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by an 11-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, and retired municipal employees and teachers in certain cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

HIPAA (The Health Insurance Portability and Accountability Act of 1996) – the Federal law protects employees' and their families' health insurance coverage when they change or lose their jobs. It also requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The law also addresses the security and privacy of health data.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. Members treated by network providers receive the maximum level of benefits if they are in a plan that offers network and non-network coverage.

PCP (Primary Care Physician) – physicians with specialties in internal medicine, family practice, pediatrics and sometimes OB/GYN. Contact the plans for details. For HMO members, you must select a PCP to provide and coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

RMT (Retired Municipal Teacher) – a retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the RMT program.

Utilization Review – a health plan's process of reviewing the appropriateness and quality of care provided to patients. It may be done before, at the same time, or after the services are rendered.

COMMONWEALTH OF MASSACHUSETTS

Mitt Romney, Governor
Kerry Healey, Lieutenant Governor

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
19 Staniford Street, 4th floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

Mailing Address

Group Insurance Commission
P.O. Box 8747
Boston, MA 02114-8747

Website

www.mass.gov/gic

Commissioners

Robert W. Hungate, *Chair*

Richard Waring (NAGE), *Vice Chair*

Suzanne Bailey, *Designee for Julianne Bowler,*
Commissioner of Insurance

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